



E000768

TELEGRAPHIC MESSAGE

NAME OF AGENCY DHEW/HSMHA/DOD/EOB		PRECEDENCE ACTION: INFO:	SECURITY CLASSIFICATION
ACCOUNTING CLASSIFICATION 3-3971015 7530321 23.6J		DATE PREPARED 4-6-73	TYPE OF MESSAGE <input type="checkbox"/> SINGLE <input type="checkbox"/> BOOK <input type="checkbox"/> MULTIPLE-ADDRESS
FOR INFORMATION CALL			
NAME SARAH J. SILSBEE		PHONE NUMBER 31580	

THIS SPACE FOR USE OF COMMUNICATION UNIT

MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters)

TO: ALVIN A. FLORIN, M.D., M.P.H. JACK W. OWEN, TREASURER
COORDINATOR NEW JERSEY JOINT COMMITTEE FOR
NEW JERSEY REGIONAL MEDICAL PROGRAM IMPLEMENTATION OF PUB. LAW 89-239
7 GLENWOOD AVENUE 7 GLENWOOD AVENUE
EAST ORANGE, NEW JERSEY 07017 EAST ORANGE, NEW JERSEY 07017

TO:
MR. ROBERT SHAW
PROGRAM DIRECTOR, RMP
OFFICE OF THE REGIONAL HEALTH
DIRECTOR, DHEW REGION II
26 FEDERAL PLAZA, ROOM 3300
NEW YORK, NEW YORK 10007

THIS IS TO ADVISE YOU OF THE DECISIONS RESULTING FROM REVIEW BY RMPs OF
THE PHASE-OUT PLANS SUBMITTED ON MARCH 15 BY THE NEW JERSEY REGIONAL
MEDICAL PROGRAM. THE DECISIONS ARE AS FOLLOWS:

1. THE TERMINATION DATE FOR THE NEW JERSEY REGIONAL MEDICAL PROGRAM IS FEBRUARY 14, 1974. THIS IS THE DATE BEYOND WHICH NO RMPs GRANT FUNDS MAY BE EXPENDED.
2. THE APPROVED DIRECT COST IS NOW \$3,611,435 PLUS APPROPRIATE INDIRECT COSTS. AN AMENDED AWARD WILL BE ISSUED FOR THE NEW APPROVED BUDGET PERIOD APRIL 1, 1972 THROUGH FEBRUARY 14, 1974.
3. FUNDS MAY BE EXPENDED AFTER 6/30/73 FOR ONLY THOSE PROGRAMMATIC ACTIVITIES LISTED BELOW:

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TO: NUMBER

TITLE

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URBAN HEALTH COMPONENT

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COMMUNITY HEALTH IMPROVEMENT PROJECT

PROGRAM STAFF SUPPORT FOR PROJECTS #28-EMERGENCY MEDICAL SERVICE PLAN AND #30-COMMUNITY HEALTH MANPOWER DEVELOPMENT-MAY BE CONTINUED BUT ADDITIONAL FUNDS FOR THESE PROJECTS ARE NOT APPROVED.

4. ALL OTHER ACTIVITIES NOW ONGOING, INCLUDING THOSE PREVIOUSLY CONTRACTED, MUST BE TERMINATED BETWEEN NOW AND JUNE 30.

5. FUNDS MAY NOT BE REBUDGETED INTO PROGRAM STAFF PERSONNEL. EXPENDITURES FOR EQUIPMENT, CONSULTANTS, TRAVEL, AND MEETINGS SHOULD BE KEPT AT A MINIMUM.

6. IN SUMMARY, THE ABOVE FUNDING LEVEL WAS DERIVED TO PROVIDE SUPPORT BEYOND JUNE 30 FOR THE PROJECTS AND ACTIVITIES LISTED ABOVE AND FOR PROGRAM STAFF NEEDED TO MONITOR PROJECT ACTIVITY AND TO ASSURE COMPLIANCE WITH CLOSE-OUT REQUIREMENTS BY FEBRUARY 14, 1974.

THE ABOVE INFORMATION IS NOT INTENDED TO BE AN ALL-INCLUSIVE

RESPONSE TO YOUR PROPOSED PLANS FOR EQUIPMENT DISPOSAL,

RECORDS RETENTION, USE OF GRANT-RELATED INCOME, ETC.

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<p>TO:</p> <p>RATHER, IT REPRESENTS OUR JUDGMENT ABOUT THE BASIC DECISIONS NEEDED TO ENABLE YOU TO INITIATE PHASE-OUT OPERATIONS AND NEGOTIATIONS.</p> <p>WE EXPECT THAT YOU WILL HAVE QUESTIONS AND WE URGE YOU TO CALL THE GRANTS MANAGEMENT BRANCH (301/443-1800) FOR ASSISTANCE AS NEEDED.</p> <p>THE GRANTS MANAGEMENT STAFF WILL ALSO BE CONTACTING YOU REGARDING SPECIFIC DETAILS ON THE PHASE-OUT OF YOUR PROGRAM AND THE FORMS TO BE PREPARED TO SUPPORT THE AMENDED AWARD NOTICE.</p> <p style="text-align: right;">HAROLD MARGULIES, M.D. DIRECTOR REGIONAL MEDICAL PROGRAMS SERVICE</p>			
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